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## BIB DATA SHEET

CONFIRMATION NO. 9020

<b>SERIAL NUMBER</b> 10/651,305	<b>FILING or 371(c) DATE</b> 08/28/2003 <b>RULE</b>	<b>CLASS</b> 378	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> U 014775-5		
<b>APPLICANTS</b> Chia-Gee Wang, Millwood, NY; <b>** CONTINUING DATA *****</b> This appln claims benefit of 60/408,358 09/05/2002 <i>af</i> <b>** FOREIGN APPLICATIONS *****</b> <i>None af</i> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 04/21/2004						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /Gregg Polansky / Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 6	<b>TOTAL CLAIMS</b> 99	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> LADAS & PARRY 26 WEST 61ST STREET NEW YORK, NY 10023 UNITED STATES						
<b>TITLE</b> Radiotherapy method using x-rays						
<b>FILING FEE RECEIVED</b> 1204	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		